

OFFICE USE ONLY

Permit No/Code _____

Date Issued _____

Expiration Date _____



CITY OF COLUMBUS

DEPARTMENT OF PUBLIC SAFETY

LICENSE SECTION

ALARM USER APPLICATION

Chapter 597, Columbus City Codes

Complete this section ONLY IF THIS IS A RESIDENTIAL ALARM SYSTEM

Social Security Number of Alarm User: (Optional) _____

USER'S NAME: _____ HOME PHONE NUMBER: _____

DATE OF BIRTH: ____ \ ____ \ ____ SEX: MALE _____ FEMALE _____

 Residence Address: _____
 (Where Alarm System is Located) (Include Apartment Number or Room Number)

City, State, and Zip Code: _____

Complete this section ONLY IF THIS IS A BUSINESS ALARM SYSTEM

Social Security Number/Federal Identification Number: _____

Business Name: _____ Business Phone Number: _____

 Address: _____
 (Where Alarm System is Located) (Include Apartment Number or Room Number)

City, State, and Zip Code: _____

Nature of Business: _____

Please TYPE or PRINT MAILING ADDRESS IF DIFFERENT FROM ABOVE ADDRESS

 Name _____
 (First) (Middle) (Last) (Area Code/Phone Number)

 Address _____
 (Number) (Street Name) (Apt.#) (City, State, Zip)

TYPE OF ALARM: (Check all that apply)

Residential _____ Business _____ Monitored _____ Audible _____ Direct Dialer* _____

***Automatic Dialers that dial directly into the Columbus Police Department are PROHIBITED BY LAW.**System INSTALLED by: _____
(Name and Address)System MONITORED by: _____
(Name and Address)

If your system is NOT monitored, you MUST complete this section.

List persons with key to above property to be contacted when an emergency occurs and the "user" is not available.

NAME	ADDRESS	HOME PHONE
1. _____	_____	_____
2. _____	_____	_____

MAIL TO:

City of Columbus License Section
750 Piedmont Rd. – South Entrance
Columbus, OH 43224
Phone (614) 645-7960

Applicant or User Signature

Date

MAKE CHECK OR MONEY ORDER
FOR \$35.00 PAYABLE TO:
COLUMBUS CITY TREASURER
LICENSE SECTION
\$35.00 FEE INCLUDES \$10.00 APPLICATION FEE**License is valid for 2 years from the date of issue.**